ARIZONA STATE BOARD OF HEALTH State File No. 16	50
BUREAU OF VITAL STATISTICS Parietared No.	2-4
LACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	
ity Ala State aryona	
VIII	
Must be to the state of the sta	Tard
(If birth occurred in a hospital or institution, give its NAME instead of street and num	ber)
ill name of child Josefah Caward Atry [If child is not yet named, n supplemental report, as direct	ted.
t of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date of birth 20 - 19 of births. 5. No., in order of birth 4. Twin, triplet or other 6. Legitimate? 7. Date of birth 20 - 19 of births.	29.
PATHER 14. MOTHER	
name Mach William Hoy Rull maiden name Chira Ballard	
sidence Bot 156 Claypool, (15. Residence (Usual place of abode)	
on-resident, give place and state. White of the place and state.	لتث
plor or race	
auc. 11. Age at last birthday 23 (Years) Cauc. 17. Age at last birthday 19 (Y.	ears)
rthplace (city or place) Minula polis 18. Birthplace (city or place) Ti Thomas,	
(State or country) Www. (State or country)	
cupation Jimes 19. Occupation	
me of industry manie Copper Co. Nature of industry Housewife	 -
mber of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn	obn-
l and including this child.) (c) Stillborn CERTIFICATE OF A'ITE DING PHYSIGIAN OR MIDWIFE® C30	==
by certify that I attended the birth of this child, who was 10 m (Bogn alive or eitheorn.)	ated.
hen there was no attending physician wife, then the father, householder, Signature Oyul, M. Crow M. D.	
is one that neither breathes nor other evidence of life after birth. Office and the after birth. Office after birth. (Physician or midwith).	
namo added from Address Mann, any	
188-920: 224 Filed Jan 12 1931 Co. Co.	<u> </u>
Registrat	

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